ASSISTANT COMMISSIONER FOR PATENTS						PATENT Date: October 14, 2003				
Washington, D.C. 20231						File No.: 0212.67077				
Sir:										
Transmitted herewith for filing is the patent application of						I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an				
Inventor(s): For:		Stephen C. Oberheim  AN IMPROVED DEPTH ROD ADJUSTMENT MECHANISM FOR A PLUNGE-TYPE ROUTER			envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.					
					10/14/ Date		; 2	Express Mail No. EV032698107US		
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Enclo	sed are:									
(X) (X) (X) (X)	an executed oath or declaration, with power of attorney.  X) an unexecuted oath or declaration, with power of attorney.  yellow sheet(s) of informal drawing(s).  X) 8 sheet(s) of formal drawings(s).									
(X) (X)	_	nment(s) of the invention nment Form Cover Shee		do Technolog	Corporat	ion				
(X) (X)		cck in the amount of \$		to cover	he fee for	recordi	ng the a	assignment(s)	).	
( )	Information Disclosure Statement. Form PTO-1449 and cited references.									
()		ciate Power of Attorney.	stelices.							
( )	Priori	ty Document.								
		Fee C	Calculation	For Claims	As Filed					
	a) Ba	asic Fee						\$ 770.00		
	b) In	dependent Claims	_4_	<u>3</u> =	1_	x \$ 86	5.00 =	\$ 86.00	<del></del>	
	c) To	otal Claims	_28_	<u>20</u> =	8	x \$ 18	3.00 =	\$_144.00		
	d) Fe	e for Multiple Claims				\$290	0.00 =	\$	_	
					Total Fili	ng Fee		\$ <u>1,000.00</u>	_	
( ) (X) ( ) ( ) (X)	Applicant qualifies as small entity status, reducing filing fee in half to \$								<b>-</b>	
	The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. Two duplicate copies of this sheet are enclosed.									
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